

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

19

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX  
THOMAS C  
LOPEZ

OFFICE USE ONLY

Date Received

RECEIVED  
CITY OF SAN ANTONIO  
JUL 15 10:09 AM

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

305 S. NUECES  
SAN ANTONIO TEXAS 78207

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX  
JILL  
SANCHEZ

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5106 SEVISA SPRINGS  
SAN ANTONIO TEXAS 78251

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 364 7373

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
5 / 18 / 2003 THROUGH 6 / 30 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 27 / 2003  
☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

SANISD TRUSTEE DIST 5

12 OFFICE SOUGHT (if known)

SAN ANTONIO CITY COUNCIL DIST 5

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

THOMAS C. LOPEZ

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 375<sup>00</sup>2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 10,800<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 308<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 15,647.28

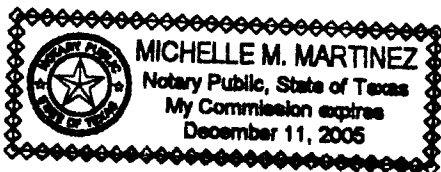
OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said THOMAS C. LOPEZ, this the 14th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 7

2 FILER NAME

THOMAS C. LOPEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

19 MAY  
03

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LINEBARGER CAROL B CARL & SAMPSON

6 Contributor address; City; State; Zip Code

P.O. BOX 17428  
AUSTIN TEXAS 78760

7 Amount of contribution (\$)

500-

8 In-kind contribution description (if applicable)

RECEIVED  
CITY OF SAN ANTONIO  
CIVIL SERVICE  
03 JUL 15 AM 09

9 Principal occupation (Optional)

10 Employer (Optional)

Date

19 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ASSOCIATED GENERAL CONTRACTORS

Contributor address; City; State; Zip Code

10806 EULFORD  
SAN ANTONIO TEXAS 78216

Amount of contribution (\$)

250-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

19 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DAVIDSON & TRIOLO P.C.

Contributor address; City; State; Zip Code

7550 IH 10 WEST #800  
SAN ANTONIO TEXAS 78229

Amount of contribution (\$)

250-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

19 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BOB MARTIN

Contributor address; City; State; Zip Code

9523 BONNY RIDGE  
SAN ANTONIO TEXAS 78240

Amount of contribution (\$)

150-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

19 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RAMIRO VINOZ JR

Contributor address; City; State; Zip Code

P.O. BOX 240520  
SAN ANTONIO TEXAS 78224

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

277

2 FILER NAME

Thomas C. Wael

3 ACCOUNT # (Ethics Commission filers)

4 Date

20 MAY  
03

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROBERTO P. CONTRALER

6 Contributor address; City; State; Zip Code

1747 FAUN COTE  
SAN ANTONIO TEXAS 78248

7 Amount of  
contribution (\$)

500-

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

20 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

Deputy Sheriff 1850 of Bexar City  
Contributor address; City; State; Zip Code  
909 BROADWAY  
SAN ANTONIO TEXAS 78215

Amount of  
contribution (\$)

250-

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

21 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

SAN ANTONIO PINK FIGHTERS PAC  
Contributor address; City; State; Zip Code  
8925 WEST I#10  
SAN ANTONIO TEXAS 78230

Amount of  
contribution (\$)

1000-

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

21 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

DOUGLASS RIFE  
Contributor address; City; State; Zip Code  
242 W. HOSACK  
BOERNE TEXAS 78006

Amount of  
contribution (\$)

750-

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

21 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

DANE, JANE GREENING  
Contributor address; City; State; Zip Code  
403 SWAN RIDGE  
DUNCANVILLE TEXAS 75137

Amount of  
contribution (\$)

750-

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
JUL 15 AM 10:18

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

348

2 FILER NAME

THOMAS C. WELZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

21 MAY  
03

5 Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE or JOYCE MLEN

6 Contributor address; City; State; Zip Code

3141 GREENBLICK  
DALLAS TEXAS 75225

7 Amount of  
contribution (\$)

750 -

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

23 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

MILTON GRESS

Contributor address; City; State; Zip Code

800 NAVARRO #210  
SAN ANTONIO TEXAS 78205

Amount of  
contribution (\$)

250 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

23 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

ERNEST W. BROMLEY

Contributor address; City; State; Zip Code

104 E. ELSMERLE  
SAN ANTONIO TEXAS 78212

Amount of  
contribution (\$)

250 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

23 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

BARTAZAL SERRA JR

Contributor address; City; State; Zip Code

120 VILLITA  
SAN ANTONIO TEXAS 78205

Amount of  
contribution (\$)

500 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

23 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID#)

BILL or LINDA KNEFMAN

Contributor address; City; State; Zip Code

230 COUNTRY LANE  
SAN ANTONIO TEXAS 78209

Amount of  
contribution (\$)

500 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 7

2 FILER NAME

THOMAS C. WELZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

23 MAY  
03

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SAN BARBARA

7 Amount of  
contribution (\$)

250-

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

500 ISOM RD # 300  
SAN ANTONIO TEXAS 78216

9 Principal occupation (Optional)

10 Employer (Optional)

Date

24 MAR  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

H. WADE MCGINNIS

Amount of  
contribution (\$)

50-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

6 N. INWOOD HEIGHTS  
SAN ANTONIO TEXAS 78248

Principal occupation (Optional)

Employer (Optional)

Date

20 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LEWIS WESTERMAN

Amount of  
contribution (\$)

100-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3 BELLEVUE  
SAN ANTONIO TEXAS 78209

Principal occupation (Optional)

Employer (Optional)

Date

24 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RUBEN H. SILLER

Amount of  
contribution (\$)

100-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

502 CUMBERLAND  
SAN ANTONIO TEXAS 78204

Principal occupation (Optional)

Employer (Optional)

Date

24 MAY  
03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JANE H. MACON

Amount of  
contribution (\$)

200-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

300 CONVENT  
SAN ANTONIO TEXAS

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

597

2 FILER NAME

Thomas C. Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24/03

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RICHARD MEDINA

6 Contributor address; City; State; Zip Code

618 NORTH TRAIL  
SAN ANTONIO TEXAS 782167 Amount of  
contribution (\$)

100 -

8 In-kind contribution  
description (if applicable)RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
JUL 15 AM 10:00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/24/03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

FRANK SEPULVEDA

Contributor address; City; State; Zip Code

211 MECCA DR  
SAN ANTONIO TEXAS 78232Amount of  
contribution (\$)

200 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/24/03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

A. JIMENEZ

Contributor address; City; State; Zip Code

4026 CLEN ROCK  
SAN ANTONIO TEXAS 78240Amount of  
contribution (\$)

200 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/24/03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

AMERICA R. MORALES JR.

Contributor address; City; State; Zip Code

6517 MOSS OAK DR  
SAN ANTONIO TEXAS 78229Amount of  
contribution (\$)

100 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOHN SCHAEFER

Contributor address; City; State; Zip Code

8620 N. NEW BRAUNFELS  
SAN ANTONIO TEXAS 78217Amount of  
contribution (\$)

500 -

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**

 (FOR FORMS C/OH, C/OHSS, SC-C/OH,  
SC-SPAC, SPAC & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages, this Schedule A1

2 FILER NAME

THOMAS C. WELZ

3 ACCOUNT # (Ethics Commission filer)

 RECEIVED  
CITY OF SAN ANTONIO  
JUL 15 AM 10:00

4 Date

 5/24  
2003

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

WALTER M. EMBLEY

6 Contributor address; City; State; Zip Code

 1100 N. BRIDGES #900  
SAN ANTONIO TX 78205

 7 Amount of  
contribution (\$)

500 -

 8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

 5/24  
2003

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ROBERT C. DIAZ

Contributor address; City; State; Zip Code

 1327 HIDALGO  
SAN ANTONIO TEXAS 78207

 Amount of  
contribution (\$)

50 -

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JOSE LOPEZ

Contributor address; City; State; Zip Code

 CASHIER'S CHECK  
UNKNOWN ADDRESS

 Amount of  
contribution (\$)

50 -

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/27

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ALBERT R. PLORES

Contributor address; City; State; Zip Code

 310 CLEMENS  
SAN ANTONIO TEXAS 78228

 Amount of  
contribution (\$)

500 -

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/27

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JACK MCGINNIS

Contributor address; City; State; Zip Code

 405 S. PERRY  
SAN ANTONIO TEXAS 78205

 Amount of  
contribution (\$)

500 -

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

Thomas C. Weber

3 ACCOUNT # (Ethics Commission files)

4 Date

5/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

EDUARDO TORRES

6 Contributor address; City; State; Zip Code

2727 TREASURER CLUB  
SAN ANTONIO TEXAS 78250

7 Amount of  
contribution (\$)

250-

8 In-kind contribution;  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

*Thomas C. Lopez*

3 ACCOUNT # (Ethics Commission file #)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
03 JUN 15 AM 10:10

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)8 Amount of  
pledge (\$)9 In-kind description  
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

*THOMAS C. WPEZ*

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
03 JUL 15 AM 10:10

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 AM 10:10  
1 Total pages: Schedule F 173

**2 FILER NAME**

THOMAS C. LOPEZ

**3 ACCOUNT #** (Ethics Commission filers)**4 Date**19 MAY  
03**5 Payee name**

BLOCKWORKERS - CASH

**6 Payee address;** City; State; Zip Code**7 Amount (\$)**

600 -

**8 Purpose of payment** (See instructions regarding type of information required.)

DRIVERS &amp; BLOCKWORKERS EXPENSES

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**Date**20 MAY  
03**Payee name**

SBC

**Payee address;** City; State; Zip Code

P.O. Box 1780

HOUSTON TEXAS 77251

**Amount (\$)**

275.28

**Purpose of payment** (See instructions regarding type of information required.)

PHONE SERVICE

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**Date**20 MAY  
03**Payee name**

BLOCKWORKERS - CASH

**Payee address;** City; State; Zip Code**Amount (\$)**

600 -

**Purpose of payment** (See instructions regarding type of information required.)

DRIVERS &amp; BLOCKWORKERS EXP

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**Date**21 MAY  
03**Payee name**

CRUMLINE PRINTING

**Payee address;** City; State; Zip Code

2030 E. HOUSTON ST

SAN ANTONIO TEXAS 78202

**Amount (\$)**

732.82

**Purpose of payment** (See instructions regarding type of information required.)

PRINTING

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

03 JUL 15 AM 10:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **295**

2 FILER NAME

**THOMAS C LOPEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5/21/03**

5 Payee name

**ANTHONY MEDRANO**

6 Payee address; City; State; Zip Code

**8314 DAWNWOOD ST  
SAN ANTONIO TEXAS**

7 Amount (\$)

**291.27**

8 Purpose of payment (See instructions regarding type of information required.)

**REIMBURSEMENT PRINTING**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**5/21/03**

Payee name

**CYNTHIA TEST**

Payee address; City; State; Zip Code

**2334 CACINMATTI  
SAN ANTONIO TEXAS 78208**

Amount (\$)

**190.94**

Purpose of payment (See instructions regarding type of information required.)

**REIMBURSEMENT TRIPS**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**5/21/03**

Payee name

**BLOCKWORKING CASIT**

Payee address; City; State; Zip Code

Amount (\$)

**900-**

Purpose of payment (See instructions regarding type of information required.)

**DRIVERS - BLOCKWORKING CASIT**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**5/23/03**

Payee name

**CRUMLINE PRINTING**

Payee address; City; State; Zip Code

**2030 E. HOUSTON  
SAN ANTONIO TEXAS 78202**

Amount (\$)

**544.77**

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 AM 10:10  
Total pages Schedule F: 3 of 5**2 FILER NAME**

THOMAS C. WOLFE

**3 ACCOUNT #** (Ethics Commission filers)**4 Date**23 MAY  
03**5 Payee name**

MONTGOMERY &amp; ASSOC

**6 Payee address;** City; State; Zip Code2101 S. I H. 35 #432  
AUSTIN TEXAS 78741**7 Amount**  
(\$)

750-

**8 Purpose of payment** (See instructions regarding type of information required.)

PHONE BANKING

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date**23 MAY  
03**Payee name**

JUDY PETERSON

**Payee address;** City; State; Zip Code7426 PIPERS CREEK  
SAN ANTONIO TEXAS 78251**Amount**  
(\$)

750-

**Purpose of payment** (See instructions regarding type of information required.)

CAMPAIGN WORK

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date**23 MAY  
03**Payee name**

JUDY PETERSON

**Payee address;** City; State; Zip Code7426 PIPERS CREEK  
SAN ANTONIO TEXAS 78251**Amount**  
(\$)

264.64

**Purpose of payment** (See instructions regarding type of information required.)

SUPPLIES FOR REIMBURSEMENT

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date**24  
MAY 03**Payee name**

BLOCKWALKERS - CASH

**Payee address;** City; State; Zip Code**Amount**  
(\$)

1000-

**Purpose of payment** (See instructions regarding type of information required.)

24-27 MAY 03

DRIVERS - BLOCKWALKING EXPENSES

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 AM 10:10 Total pages Schedule F: 5

**2 FILER NAME**

THOMAS C WOPER

**3 ACCOUNT #** (Ethics Commission filers)**4 Date**27 MAY  
03**5 Payee name**

HERB

Payee address; City; State; Zip Code

108 N. ROSILLO  
SAN ANTONIO TEXAS 78207**7 Amount (\$)**

59.33

**8 Purpose of payment** (See instructions regarding type of information required.)

LOBBY FOR WORKERS

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**28 MAY  
03**Payee name**

ADVANTAGE RENT A CAR

Payee address; City; State; Zip Code

338 N.E. LOOP 460  
SAN ANTONIO TEXAS 78216**Amount (\$)**

589.26

**Purpose of payment** (See instructions regarding type of information required.)

VAN RENTALS

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**3 JUN  
03**Payee name**

NOTARY QUICK

Payee address; City; State; Zip Code

P.O. BOX 279  
CHANHASSEN, MN 55317**Amount (\$)**

251.00

**Purpose of payment** (See instructions regarding type of information required.)

AUTOMATED CALLS

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**5 JUN  
03**Payee name**

P.C. MAILING

Payee address; City; State; Zip Code

10711 HILLYOINT #100  
SAN ANTONIO TEXAS 78217**Amount (\$)**

1636.71

**Purpose of payment** (See instructions regarding type of information required.)

POSTAGE &amp; MAILING

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 AM 10:10  
Total pages Schedule F: 5 of 5**2 FILER NAME**

THOMAS C. WELZ

**3 ACCOUNT #** (Ethics Commission filers)**4 Date**3 JUNE  
2003**5 Payee name**

POLITICO

**6 Payee address;** City; State; Zip Code602 E LOCUST  
SAN ANTONIO TEXAS 78212**7 Amount**  
(\$)

2250 —

**8 Purpose of payment** (See instructions regarding type of information required.)REIMBURSEMENT POL THOLLEY,  
VIA KENTALS**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date**6 JUNE  
2003**Payee name**

JUDY PETERSON

**Payee address;** City; State; Zip Code7426 PIPERS CREEK  
SAN ANTONIO TEXAS 78251**Amount**  
(\$)

750 —

**Purpose of payment** (See instructions regarding type of information required.)

CAMPAIGN WORK

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date**6 JUNE  
03**Payee name**

KEVIN WELZ

**Payee address;** City; State; Zip Code602 E. LOCUST  
SAN ANTONIO TEXAS 78212**Amount**  
(\$)

635.75

**Purpose of payment** (See instructions regarding type of information required.)

REIMBURSEMENT FOR POSTAGE

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**Date****Payee name****Payee address;** City; State; Zip Code**Amount**  
(\$)**Purpose of payment** (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

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CITY OF SAN ANTONIO  
CITY CLERK

## **SCHEDULE G**

03 JUL 15 AM 10:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Thomas C. Wlcz

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Blochwehling Expenses

6 Payee address; City; State; Zip Code

8 Amount (\$)

225<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

Driver & Blochwehling 18-27 May 03

☐ Reimbursement from political contributions intended

Date

Payee name

Rancho Manuel - Blochwehling Team

Payee address; City; State; Zip Code

701 Delgado

San Antonio TEXAS 78207

Amount (\$)

1000 —

Purpose of expenditure (See instructions regarding type of information required.)

Blochwehling Expenses

☐ Reimbursement from political contributions intended

Date

Payee name

Acme Number

Payee address; City; State; Zip Code

Bondu

San Antonio TEXAS 782

Amount (\$)

50.51

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Material

☐ Reimbursement from political contributions intended

Date

Payee name

ISSAN MATS, Blochwehling Team

Payee address; City; State; Zip Code

2925 West Commerce

San Antonio Texas

Amount (\$)

800 —

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Yolanda Guajardo, Blochwehling Team

Payee address; City; State; Zip Code

210 San Carlos

San Antonio TEXAS 78207

Amount (\$)

500 —

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

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## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

03 JUL 15 AM 10:10  
Total pages: Schedule

2 FILER NAME

THOMAS C. WPER

3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name	8	Amount (\$)
		6	Payee address; City; State; Zip Code		
		7	Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name		Amount (\$)
			Payee address; City; State; Zip Code		
			Purpose of expenditure (See instructions regarding type of information required.)		

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**CREDITS (optional)**

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CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE K**

03 JUL 15 AM 10:40

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule K:

2 FILER NAME

*Thomas C. Lopez*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)

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